



## FIRE SAFETY REGISTRATION FORM

*Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et seq.). Failure to do so may result in a penalty of up to \$500.00.*

\_\_\_\_\_

### Part A - Registrant Information

1. Business Ownership (mark the correct box):

- (0) ☐ Corporation      (1) ☐ Private / Individual      (2) ☐ Partnership      (3) ☐ Condominium  
(4) ☐ Cooperative      (5) ☐ Government Agency      (6) ☐ LLC Corporation

2. Business Owner Mailing Address:

If Private / Individual: Name \_\_\_\_\_  
Last First Middle Initial

If Other: \_\_\_\_\_  
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc.

Address: \_\_\_\_\_  
P.O. Box Number or Street Number and Name

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_ Federal Employer (Tax ID) Number      Social Security Number (For Private / Individual only)

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of the program's notification system.

*Continued on Reverse Side*

### FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE(S): \_\_\_\_\_

LEA Number: \_\_\_\_\_

Assigned Owner Number: \_\_\_\_\_

☐ New Application

Alternate Owner Number: \_\_\_\_\_

☐ Transfer

**3. Person To Receive Certified Mail Or Other Notices. If Same As Owner, Write "Same."**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number	Street Name
--------	-------------

Number

**Street Name**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone Number:** (    )    -   

**4. Briefly describe the building types and / or uses or businesses you own:**

---

---

---

---

## Part B - Business Location Information

**(Physical location and name of the business)**

5. Name of Building or Business: \_\_\_\_\_

Building Location: \_\_\_\_\_  
(Number and Street)

(Number and Street)

Suite or Room Number: \_\_\_\_\_ Municipality: \_\_\_\_\_ County: \_\_\_\_\_

6. <u>Block Number</u>	<u>Lot Number</u>	<u>Municipal Tax Account Number</u>

Block Number

**Lot Number**

Municipal Tax Account Number

7. <u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Height of Building (in feet)	Number of Stories	Square Footage	Occupant Load

Height of Building (in feet)

Number of Stories

### Square Footage

### Occupant Load

## Part B - Certification

8. I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

**Signature of Owner or Agent Completing This Form**

Date \_\_\_\_\_

Printed Name of Owner or Agent Completing This Form

**Title**

**Street Address of Owner or Agent Completing This Form**

City

State

Zip Code

Telephone Number of Owner or Agent Completing This Form: (    )    -